FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	7110		
Nachington	$D \subset 2$	0549	

OIVIB API	PROVAL
OMB Number:	3235-0287
Estimated average	e burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h)

of the Investment Company Act of 1940	
nd Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer

1. Name an		Reporting Person*							er or Tra					(Che	eck all app Direc	,		rson(s) to Is	wner
	(Fir NITY CAP STREET,	ITAL INC.	Middle)			ate of E 3/202		t Transa	action (N	/Jonth/	/Day/Year)				belov			below)	specify
(Street) PHOENI (City)	X AZ		5004 Zip)		4. If <i>I</i>	Amend	ment,	Date of	f Origina	al Filed	d (Month/Da	y/Yea	r)	6. In Line) / Form	r Joint/Grou I filed by On I filed by Mo In	e Rep	orting Pers	on
						_				Dis	posed of	-						1	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Dat		Date,	Transaction Dispos		Disposed (curities Acquired (A) sed Of (D) (Instr. 3, 4			Securit Benefi	ties For cially (D) I Following (I) (Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	mount (A) or (D)		Price	Transa	ransaction(s) nstr. 3 and 4)			(IIISU. 4)	
Common	Stock			12/13/2	2024		F ⁽¹⁾		728	D \$		\$14.6	4.6 65,209 ⁽²⁾			D			
		Tal									osed of, onvertib				Owne	d			
Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any			3A. Deer Execution if any (Month/E	on Date,	Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	vative irities ired r osed)	6. Date Exercis Expiration Date (Month/Day/Yea		ate Amount of			p. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber res						

Explanation of Responses:

1. Shares withheld to satisfy the reporting person's tax obligations in connection with vesting of restricted shares on December 13, 2024. Transaction exempt from Section 16(b) pursuant to Rule 16b-3.

2. Includes (1) 40,541 shares issued under the 2019 Trinity Capital Inc. Long Term Incentive Plan (the "LTIP") on March 15, 2024, which shares vest 25% on March 15, 2025, with the remaining 75% of such shares vesting pro rata over the twelve full calendar quarters immediately following March 15, 2025; (2) 17,588 shares issued under the LTIP on March 15, 2023, which shares vested 25% on March 15, 2024, with the remaining 75% of such shares vesting pro rata over the twelve full calendar quarters immediately following March 15, 2024; (3) 5,780 shares issued under the LTIP on March 15, 2022, which shares vested 25% on March 15, 2023, with the remaining 75% of such shares vesting pro rata over the twelve full calendar quarters following March 15, 2023; and (4) 4,550 shares issued under the LTIP on September 15, 2021, which shares began vesting quarterly pro rata over the twelve full calendar quarters immediately following September 15, 2021.

> 12/17/2024 /s/ Michael Testa

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.